



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Radiation Therapy Services, Inc Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="8331.00"/>	<input type="text" value="8331.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2181.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25764.00"/>	<input type="text" value="106114.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="27945.00"/>	<input type="text" value="114445.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="96500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17945.00"/>	<input type="text" value="17945.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Radiation Therapy Services, Inc Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20364.00	98769.00
(ii) Unitemized .....	100.00	2045.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20464.00	100814.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20464.00	100814.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	300.00	300.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25764.00	106114.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25764.00	106114.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	84000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2500.00	12500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	96500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	96500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20464.00	100814.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20464.00	100814.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. JAMES ORR MD**

Mailing Address 21 Georgetown

City State Zip Code  
 Fort Myers FL 33919-1088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 21st Century Oncology, LLC Medical Doctor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 35330198**

Amount of Each Receipt this Period  
 2500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Charlene R. Thomas**

Mailing Address 21 E. Forest Road

City State Zip Code  
 Asheville NC 28803-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 IOA Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 35330199**

Amount of Each Receipt this Period  
 1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Dr CHARLES THOMAS II MD**

Mailing Address 21 E Forest Road

City State Zip Code  
 Asheville NC 28803-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RTA of Western NC, PA Medical Doctor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 35330200**

Amount of Each Receipt this Period  
 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

**A. Dr Joanne B. Dragun**  
Full Name (Last, First, Middle Initial)

Mailing Address 13061 Biggin Church Rd. S

City Jacksonville	State FL	Zip Code 32224-7687
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology of Jacksonville,	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2012

**Transaction ID : 35435340**

Amount of Each Receipt this Period  
500.00

Contribution

**B. Matthew W. Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 963 Butte St

City Redding	State CA	Zip Code 96001-0828
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FEC ID number of contributing federal political committee. **C**

Name of Employer Redding Radiation Oncology, PC	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2012

**Transaction ID : 35435346**

Amount of Each Receipt this Period  
5000.00

Contribution

**C. Kurt L. Janavitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 9650 Monteverde Way

City Fort Myers	State FL	Zip Code 33912-0905
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Services	Occupation Sr. VP Payor Contracting & Relations
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2012

**Transaction ID : 35443584**

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr Christopher Chen</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1567028828862</b>
Mailing Address 1010 SEMINOLE DRIVE APT 1107		Amount of Each Receipt this Period 384.00
City FORT LAUDERDALE	State FL	Zip Code 33304-3220
FEC ID number of contributing federal political committee. C	Name of Employer 21st Century Oncology, LLC Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4224.00	
		P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Dr Michael H. Hanus MD</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1567059728862</b>
Mailing Address 2028 MISSION DRIVE		Amount of Each Receipt this Period 5000.00
City NAPLES	State FL	Zip Code 34109-7107
FEC ID number of contributing federal political committee. C	Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		P/R Deduction (\$5000.00)

Full Name (Last, First, Middle Initial) <b>C. Mr. DAVID E. LEE</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1567085128862</b>
Mailing Address 9741 Mar Largo Circle		Amount of Each Receipt this Period 100.00
City Fort Myers	State FL	Zip Code 33919-7325
FEC ID number of contributing federal political committee. C	Name of Employer 21st Century Oncology, LLC Occupation Physician Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
		P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5484.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mrs. VICTORIA DANTON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1409 Davis Drive			<b>Transaction ID : PR1580095128862</b>
City Fort Myers	State FL	Zip Code 33919-1069	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Bi-Weekly)	
Name of Employer 21st Century Oncology Services, Inc	Occupation Director of Revenue Integrity	Aggregate Year-to-Date ▼ 1650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MARIA J. ANNAZONE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 10361 Witts End			<b>Transaction ID : PR1580877828862</b>
City Alva	State FL	Zip Code 33936	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer 21st Century Oncology Services, Inc	Occupation Director Health Information Management	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. QUINTEN Curtis BLACK MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1404 Kenton Lane			<b>Transaction ID : PR1580879428862</b>
City Asheville	State NC	Zip Code 28803-2468	Amount of Each Receipt this Period 160.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Bi-Weekly)	
Name of Employer RTA of Western NC, PA	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 1760.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mark Robert Jones MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1400 LONG RUN ROAD		<b>Transaction ID : PR158086828862</b>
City LOUISVILLE	State KY	Zip Code 40245-4334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer 21st Century Oncology of Kentucky (KEN)	Occupation Medical Doctor	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. TAM NGUYEN MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 2798 Bellini Road		<b>Transaction ID : PR1580891928862</b>
City Henderson	State NV	Zip Code 89052-3118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Michael J. Katin, MD, PC - MJK	Occupation Medical Doctor	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>C. Claire Skowronski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1312 SW 7th TERRACE		<b>Transaction ID : PR1580896428862</b>
City CAPE CORAL	State FL	Zip Code 33991-2145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Director - Radiation Therapy School	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

**A. PAUL TREADWELL MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9916 COZY GLEN CIRCLE

City LAS VEGAS	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1580898528862**

Amount of Each Receipt this Period  

40.00
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P/R Deduction (\$20.00 Bi-Weekly)

**B. Dr Keith Lawrence Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12731 Terabella Way

City Fort Myers	State FL	Zip Code 33912-0910
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1692755728862**

Amount of Each Receipt this Period  

300.00
--------

P/R Deduction (\$150.00 Bi-Weekly)

**C. Dr. Dwight Fitch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9122 16th Ave Circle, NW

City Bradenton	State FL	Zip Code 34209-8133
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR2127270528862**

Amount of Each Receipt this Period  

200.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>540.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Brian P Quaranta MD</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2127272428862</b>
Mailing Address 100 Vista Lake Drive Apt 108		Amount of Each Receipt this Period 80.00
City Candler	State NC	Zip Code 28715-5103
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Radiation Therapy Associates of Wester	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) <b>B. Gwen C Horn</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2231092428862</b>
Mailing Address 17557 Ingram Rd		Amount of Each Receipt this Period 20.00
City Fort Myers	State FL	Zip Code 33967-2958
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer 21st Century Oncology Services, Inc	Occupation Director - Health Information System	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Madlyn Dornaus</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2232241728862</b>
Mailing Address 18930 Knoll Landing Drive		Amount of Each Receipt this Period 300.00
City Fort Myers	State FL	Zip Code 33908-4760
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer 21st Century Oncology Services, Inc	Occupation VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Chaundre Cross</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2012
Mailing Address 6845 Wellington Drive		<b>Transaction ID : PR2232246228862</b>
City Naples	State FL	Zip Code 34109-7207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Alexis Harvey</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2012
Mailing Address 2127 Race St		<b>Transaction ID : PR2232248528862</b>
City Philadelphia	State NJ	Zip Code 19103-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer 21st Century Oncology of New Jersey, I	Occupation Medical Doctor	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Peter Greenberg</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2012
Mailing Address 77-840 Flora Rd		<b>Transaction ID : PR2366842328862</b>
City Palm Desert	State CA	Zip Code 92211-4109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer 21st Century Oncology of California, P	Occupation Medical Doctor	P/R Deduction (\$200.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

**A. Dr David Horvick**  
Full Name (Last, First, Middle Initial)

Mailing Address 953 Creek Rock Rd

City Bel Air State MD Zip Code 21014

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Onc of Harford County, Ma Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2366842528862**

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B. Marc A. Melser MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 27090 Harbor Oaks Boulevard

City Punta Gorda State FL Zip Code 33983-6507

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, LLC Occupation Medical Doctor - Urologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2412064428862**

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. Richard Rolland Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 9272 River Otter Dr

City Fort Myers State FL Zip Code 33912-8922

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Services, Inc Occupation Director of Ops. Financial

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2492181128862**

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 320.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Robert L. Long</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2492181528862</b>
Mailing Address 909 Mar Walt Drive		Amount of Each Receipt this Period 200.00
City Fort Walton Beach	State FL	Zip Code 32547-6635
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>B. Jake J. Strikowski</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2492181828862</b>
Mailing Address 1360 S. Ocean Blvd #2001		Amount of Each Receipt this Period 40.00
City Pompano Beach	State FL	Zip Code 33062-7164
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer 21st Century Oncology Services, Inc	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Michael J. Tompkins</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2492181928862</b>
Mailing Address 9070 Pittsburgh Blvd		Amount of Each Receipt this Period 100.00
City Fort Myers	State FL	Zip Code 33967-7205
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer 21st Century Oncology Services, Inc	Occupation Director of Ancillary Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Jonathan D. Weinbach</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 210 W 19th St Apt 2 J		<b>Transaction ID : PR2492182028862</b>
City New York	State NY	Zip Code 10011-4067
FEC ID number of contributing federal political committee.	C	
Name of Employer 21st Century Oncology Services, Inc	Occupation Dir Referrals, Marketing & Network Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
		Amount of Each Receipt this Period 40.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Rie Alhara</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 14270 Royal Harbor		<b>Transaction ID : PR2497582228862</b>
City Fort Myers	State FL	Zip Code 33908-6503
FEC ID number of contributing federal political committee.	C	
Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
		Amount of Each Receipt this Period 100.00
		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Norton Travis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 350 E 57th St, Apt 9 A		<b>Transaction ID : PR2598681328862</b>
City New York	State NY	Zip Code 10022-2996
FEC ID number of contributing federal political committee.	C	
Name of Employer 21st Century Oncology Services, Inc	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 1000.00
		P/R Deduction (\$1000.00)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20364.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 20  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

**A. David Khan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1234 6th Street  
City Hermosa Beach State CA Zip Code 90254-4909  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cancer Care Consultants Medical Associ Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 01 / 2012  
**Transaction ID : 35435288**  
Amount of Each Receipt this Period  
300.00  
Inadvertent deposit of ineligible contribution; refund will be disclosed in Post-General Report

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Radiation Therapy Services, Inc Political Action Committee**

**A. Stabenow 2012 Victory Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4462  
 City East Lansing State MI Zip Code 48826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 35435339**  
 Amount of Each Receipt this Period  
 5000.00  
 Exceeded allowable contribution limit

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Democratic Senatorial Campaign Committee (DSCC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Mailing Address 120 Maryland Ave, NE

**Transaction ID : 35450697**

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

7500.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Contribution

Candidate Name

**Democratic Senatorial Campaign Committee (DSCC)**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7500.00
---------

7500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee (DSCC)**

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Inadvertent excessive contribution; refund requested

Category/  
Type

Candidate Name

**Democratic Senatorial Campaign Committee (DSCC)**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 35450683**

Amount of Each Disbursement this Period

Inadvertent excessive contribution; refund requested

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶